



Rizzini®

GUNSMITHING / REPAIR / RETURN

RMA #: _____

Customer Name _____ Phone# _____

Address _____ City _____ State _____ Zip _____

Email _____

PLEASE PROVIDE COMPLETE PHYSICAL ADDRESS FOR RETURN SHIPMENT OF FIREARM

FIREARM INFO

Make _____ Model _____ ATF Type ☐ RIFLE ☐ RECEIVER ONLY ☐ SHOTGUN ☐

Caliber / Gauge _____ Serial # _____

Scope ID _____ Gun Case Description _____

Other Items Included _____

EX. MUZZLEBRAKE - EXTRA MAGS - AMMO

INSTRUCTIONS

GUNSMITHING

DESCRIPTION OF REPAIRS NEEDED:

- | | | |
|--------------------------|---------------------|-------|
| <input type="checkbox"/> | ACCURACY ISSUES | _____ |
| <input type="checkbox"/> | CHAMBER PRESSURE | _____ |
| <input type="checkbox"/> | STOCK, PARTS REPAIR | _____ |
| <input type="checkbox"/> | OTHER | _____ |

DESCRIPTION OF REPAIRS NEEDED:

